

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

100

(This return should preferably be made by the person who made the original).

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.\* 17

Place of Birth HAYDEN County GILA No. \_\_\_\_\_ St. \_\_\_\_\_

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
<u>FEMALE</u>			

DATE OF BIRTH\* FEB 2 1925  
(Month) (Day) (Year)

FULL\* NAME LUIS SANCHEZ  
FATHER

FULL\* MAIDEN NAME PALMIRA YSLAVA  
MOTHER

I HEREBY CERTIFY that the child described herein has been named

BEATRIZ YSLAVA SANCHEZ  
(Given name in full) (Surname)

Mar Palmira Sanchez  
(Father's or Mother's Signature)

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.  
Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

229-202-781

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

2400